



Application for Use and Occupancy Certificate

CERTIFICATE AP# _____

BUILDING AP# _____

TYPE OF APPLICATION:

- ☐ Use and Occupancy
☐ Open Land Use
☐ Home Health Practitioner
☐ Home Child Care Provider < 12 Children
☐ Shell and Core
☐ Change of Use
☐ Other _____

PRINCIPLE USE: (Check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Boarding House | <input type="checkbox"/> Business* |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Hotel | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Mercantile | <input type="checkbox"/> Misc. Structure | <input type="checkbox"/> Motel |
| <input type="checkbox"/> Place of Worship | <input type="checkbox"/> Public Utility | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Construction Trailer |
| <input type="checkbox"/> Multi-Family -OR- | <input type="checkbox"/> Multi-Family Senior Building: # of Units _____ | |
| <input type="checkbox"/> Other _____ | | |

*If Business, please specify use: _____

LOCATION OF BUILDING PREMISE:

Street Number: _____ Street: _____

Town/City: _____ Zip: _____

Lot: _____ Block: _____ Parcel: _____

Floor: _____ Suite: _____ Unit/Bay/Store#: _____

OWNER'S INFORMATION:

Property Owner's Name: _____ Email: _____

Address _____ City _____ State _____ Zip Code _____

Owner's Representative: _____ Telephone No.: _____ Fax No.: _____

TENANT'S INFORMATION:

Tenant's Company Name: _____ Email: _____

Tenant's Name: _____ Telephone No: _____ Fax No.: _____
(Person connected with Trade Company)

Mailing Address: _____
(For Leasee, if other than premise address) Address _____ City _____ State _____ Zip Code _____

DESCRIPTION OF OCCUPANCY:

HAZARDOUS MATERIALS?

☐ YES

☐ NO

Existing Use: _____ Proposed Use: _____

Square Footage to be Occupied: _____ Number of Employees: _____ Number of Company Vehicles: _____

The PRIMARY use will be: _____ which is: _____ % of the space.

The SECONDARY use will be: _____ which is: _____ % of the space.

Is this space ready for inspection now?

☐ YES

☐ NO, I WILL CALL WHEN READY

Person to contact to gain entry to space _____

Daytime Phone No _____

Applicant's Signature _____

Print Name _____

Date _____

FOR OFFICE USE ONLY

BUILDING & USE INFORMATION

Floor No (s): _____

Max. Live Load: _____

Construction Type: _____

IBC Use Group: _____

Occupancy Load: _____

Code/Edition: _____

Conditions: _____

Fully Sprinkled & Monitored: _____

ZONING USE ONLY

Zoning Use Category: _____

Zoning Type: _____ Zoning Sheet: _____

Parking Required: _____ Parking Provided: _____

Special Exception Case Number: _____

Secondary Use: _____ @ _____ %

☐ Approved ☐ Disapproved

Reason for Disapproval: _____
